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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Outcome of the panel discussion on the adverse impact of climate change on States' efforts to progressively realize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and related policies, lessons learned and good practices

Summary report of the Office of the United Nations High Commissioner for Human Rights

Summary

The present report is submitted pursuant to Human Rights Council resolution 29/15. It provides a summary of the panel discussion on human rights and climate change, held on 3 March 2016, during the thirty-first session of the Council.

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I. Introduction

1. Pursuant to its resolution 29/15, the Human Rights Council held a panel discussion on 3 March 2016 on the adverse impact of climate change on States' efforts to progressively realize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and related policies, lessons learned and good practices.

2. The panel discussion was chaired by the President of the Human Rights Council. It opened with a statement by the Deputy High Commissioner for Human Rights, Kate Gilmore, which was followed by a keynote address from the Director-General of the World Health Organization (WHO), Margaret Chan.[1]

3. The meeting provided an opportunity for States, international organizations and other relevant stakeholders to discuss the impact of climate change on the enjoyment of the right to health with a focus on facilitating effective action to tackle climate change-related health impacts through the exchange of knowledge and good practices between expert panellists, States, international organizations and other relevant stakeholders.

4. The panel was moderated by the Permanent Representative of Viet Nam to the United Nations Office and other international organizations in Geneva, Trung Thanh Nguyen. The panellists included the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Dainius Pūras; the Under-Secretary of the Department of Health of the Philippines, Lilibeth C. David; Chair of the International Union for Nutritional Sciences task force for climate and nutrition, Cristina Tirado; and the Coordinator of the Association for Indigenous Women and Peoples of Chad, Hindou Oumarou Ibrahim.

II. Opening session

5. The Deputy High Commissioner observed that the Paris Agreement, adopted at the twenty-first Conference of the Parties to the United Nations Framework Convention on Climate Change, stood out as a landmark achievement and an essential milestone in the long struggle to rally humanity to defeat the scourge of climate change. The Agreement provided a specific focus on respecting and promoting human rights, including the right to health, in all climate actions. The year 2015 was the hottest year on record but it was also the year when the international community finally acknowledged its common responsibility to mitigate and adapt to the devastating impacts of climate change. Its effects threatened lives, devastated communities, wrecked local economies and eradicated traditions and cultures.

6. The Deputy High Commissioner stated that climate change endangered the underlying determinants of health at every level and disproportionately affected those who have the least, namely, women, children, older persons, indigenous peoples, minorities, migrants, rural workers, persons with disabilities and the poor, thus exacerbating existing threats to their lives and livelihoods.

7. She noted, for example, that women suffered higher rates of mortality as a consequence of natural disasters and that there was a direct correlation observed between women's status in society and their likelihood of receiving adequate health care in times of

[1] Full statements of the Deputy High Commissioner, the Director-General and all panellists, and the concept note for the panel and additional relevant information, are available from www.ohchr.org/EN/Issues/HRAndClimateChange/Pages/StudyImpact.aspx.

disaster and environmental stress. Studies also linked the increased outbreak of diseases with climate change.

8. The Deputy High Commissioner argued that a world of unchecked climate change was a world where glaciers and tundra melted away, where millions went hungry and thousands died prematurely and where entire populations disappeared. To avert such a future, the international community, including the private sector, had to recognize that climate change was the result of human actions, assume responsibility and take appropriate measures to protect the most vulnerable. She called for ambitious, concerted action — in line with States' human rights obligations to act individually and collectively to take the necessary steps in law, policy, institutions and public budgets — to protect human rights from climate-related harm and offer redress where they occur; protect and empower the vulnerable; allow the free, active and meaningful participation of civil society and affected communities; ensure non-discrimination and equity in climate policies; and ensure accountability for any breach of human right obligations. In closing, she emphasized the need for concrete, evidence-based action to protect the human right to health against the onslaught of climate change and promote truly inclusive and sustainable development for ourselves and our children.

9. The Director-General said that, for public health, climate was the defining issue of the twenty-first century. The impact of climate change was universal and unpredictable but human beings were unquestionably threatened by climate change, which affects the air people breathe, the water they drink, the food they eat and the chances that they will get infected by a disease. More than seven million deaths worldwide were caused by air pollution each year. Climate change also caused tens of thousands of deaths yearly from other causes, such as droughts, floods, wildfires and heat waves. According to the World Meteorological Organization, 2015 was the hottest year since records began in 1880. Furthermore, 2016 was predicted to be even hotter, threatening already perilous food supplies with droughts, especially in poorer countries, where subsistence farming relied on rain. The scale of this threat was immense as, in some countries, more than 70 per cent of the population depended on subsistence farming.

10. With regard to disease, she explained that outbreaks of cholera thrived under the conditions of a changing climate. Insects and other carriers of disease were very sensitive to heat, humidity and rainfall. Climate change had given dengue a vastly expanded geographical range and could do the same for malaria. By 2050, experts predicted that climate change would cause an additional 250,000 deaths each year, just from malaria, diarrhoea, heat stress and undernutrition. More than half of the world population lived in an area where aedes aegypti mosquitoes, the principal vector for zika, dengue and chikungunya, were present. The warming temperatures threatened to expand this geographical range even further, as mosquitoes loved warm weather.

11. For these reasons, the Director-General stated that the first global climate change agreement reached in Paris had been a treaty for public health as well as an environmental agreement. Human rights obligations, standards and principles had the power to shape policies for climate change mitigation and adaptation and provided an entry point for holding countries accountable for their climate commitments. They also served as an ethical reference point. The central focus of the panel on human rights and climate change, and specifically the right to health, is people, their health, their lives and their livelihoods, not money.

12. Holding countries accountable for their climate policies was also a matter of justice as the countries that have historically contributed the least to emissions were being hit the hardest. One of the biggest barriers that stood in the way of realizing the right to health was poverty and poverty was sexist, burdening women the most. The poorest households in the world were forced to rely on the most polluting energy sources for household activities

such as daily cooking. Use of these energy sources, which caused heavy indoor air pollution, was associated with more than 3.5 million deaths each year.

13. The Director-General argued that the Paris agreement, with its central focus on human rights, was a step forward; however, it remained largely voluntary and subject to interpretation. What was needed now was an agenda for action that doubled as a results-based framework for accountability. In this regard, WHO and the United Nations Framework Convention on Climate Change would jointly produce climate and health profiles with a focus on the health risks and opportunities for the most vulnerable populations in individual countries, and tracking data on the health impacts of intended nationally determined contributions. She concluded that urgent action was needed because a ruined planet cannot sustain human lives in good health.

III. Summary of the panel discussion

14. Opening the panel as moderator, the Permanent Representative of Viet Nam said that climate change affected the social and environmental determinants of health. The Paris Agreement was not only a climate treaty but a public health treaty in which the right to health was essential. The panel discussion was to address and establish a deeper understanding of the impact of climate change on the right to health in order to facilitate appropriate climate action. States and other discussants needed to identify priorities to further integrate human rights, especially the right to health, in efforts to implement the Paris Agreement and the 2030 Agenda for Sustainable Development. Viet Nam was one of the five most vulnerable countries to climate change. By the end of the twenty-first century, it was predicted that its temperature would increase by up to three degrees and that sea levels would rise by one metre, threatening coastal and riverine areas, particularly the Mekong delta, and directly impacting 10 to 12 per cent of the population of the country. This also posed a serious threat to the enjoyment of the right to health beyond the borders of Viet Nam, which was the second largest rice exporter in the world.

A. Contributions of panellists

15. The Special Rapporteur stated that, with the adoption of the Paris Agreement, the States parties to the United Nations Framework Convention on Climate Change had responded to the calls for a robust reference to human rights in climate policy. The right to health was an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to quality food, potable water, adequate sanitation, healthy occupational and environmental conditions and access to health-related education and information. States had an obligation to provide adequate health services necessary for the realization of the highest attainable standards of health, including non-discriminatory access to a system of protection, prevention, treatment and control of diseases. Enjoyment of the right to health required equitable distribution of health facilities, goods and services and the meaningful participation of affected populations in health-related decisions that affect them.

16. The Special Rapporteur emphasized that the effects of climate change on the full enjoyment of the right to health were alarming, having increased the causes of morbidity and mortality and negatively affected human dignity and security. The human and environmental impacts of climate change included loss of land and housing, diminished quantity and quality of food production, food insecurity and malnutrition and forced displacement. In this context, violence was a major public health concern, including collective violence, which was often linked to displacement and forced migration. Climate change also perpetuated existing inequalities, with those in vulnerable situations, the poor

and the marginalized being the most affected not only by climate-related conflict, ill-health and disease, but also by fragile and inadequate public health and health care systems, which were unable to cope with the threat-multiplying effects of climate change.

17. He emphasized that climate change affected not only human physical health but also the mental health and well-being of affected individuals and communities. People who experienced the loss of homes or loved ones or were exposed to life-threatening situations faced higher risks of developing stress and anxiety-related conditions, including post-traumatic stress disorder or depression. States had a legal and moral obligation to mitigate risks associated with climate change and its adverse effects on human rights. Global processes, such as the 2030 Agenda for Sustainable Development or the Paris Agreement, offered a road map, and the special procedures mechanisms of the Human Rights Council were ready to take active part in the monitoring of their implementation to help ensure that human rights are at the core of the work over the coming decade to foster peaceful, sustainable and inclusive societies. The Special Rapporteur said that bold commitment, visionary leadership and immediate action were needed to address the long-term threat of climate change with effective and human-rights based action to protect human health and dignity.

18. The Under-Secretary of the Department of Health of the Philippines described the Paris Agreement as a historic breakthrough in negotiations to arrive at a collective commitment to address the planet's health. Climate change had significantly affected the health of Filipinos in tangible ways through devastating extreme weather events and in the shifting patterns of climate-sensitive diseases. After the massive flooding brought about in 2009 by tropical storm Ketsana and Typhoon Parma, the number of leptospirosis cases had risen dramatically, and dengue incidents had been continually increasing over time.

19. The Philippines experience during Typhoon Haiyan highlighted the capacity of climate change to wipe out health sector gains and inflict catastrophic losses of life, limb and property. In the aftermath, inter-island and regional contingent networks filled the immediate need for rescue and medical attendance of patients. Adequate preparations were critical for response and, moving forward, with the help of the international community, it was important to rebuild better for a more resilient health system. Emergency response needed to be comprehensive covering a broad range of areas, including mental health, sexual and reproductive health and disability, in consonance with the Philippines national policy on climate change adaptation for the health sector. Specific social protection measures included emergency assistance, price subsidies, food programmes, employment programmes, retraining programmes and emergency loans for vulnerable populations. The Department of Health 2014-2018 strategic plan placed a priority on protecting the health of Filipinos living in areas vulnerable to the impacts of climate change and ensuring the right to health of all people.

20. It was important to build back better, stronger health infrastructure that would make health facilities safe havens that could meet needs for energy, water, logistical, communication and shelter in times of crisis. The Under-Secretary called for continued support, cooperation and solidarity in the financial, technological and humanitarian aspects of climate response. She urged the international community to help mobilize the $100 billion needed prior to 2020 to fast-track climate protection and ensure the provision of universal health coverage for all, including marginalized, indigenous and poverty-risk groups. In order to protect the right to health, Governments, civil society, the private sector, international partners and individuals were required to participate in protecting the environment and contributing to sustainable development to meet the needs of present and future generations.

21. The Chair of the International Union for Nutritional Sciences task force for climate and nutrition highlighted that climate change undermines the enjoyment of human rights,

especially the rights to life, to health, to food and to environmental protection, now and in the future. One of its most substantial projected impacts was on caloric availability. By 2050, climate change was expected to result in an additional 24 million undernourished children. Elevated carbon dioxide levels were not only causing climate change, but also directly decreasing the protein, mineral and vitamin content for many staple food crops. The right to food in developing countries was particularly compromised and the resulting impacts were disproportionately borne by poor women, children and other vulnerable people, who had contributed the least to the problem.

22. By 2050, climate change was predicted to increase severe child stunting by 23 per cent in central sub-Saharan Africa and by 62 per cent in South Asia. Simultaneously, increased global demand for animal foods and appetite for meat as a sign of wealth in the developing world presented huge implications for climate change and human health. A meat-based diet had a very high impact on emissions and was associated with increased risks for non-communicable diseases when compared to more sustainable diets.

23. Adequately addressing the complex challenges posed by climate change required a theory of change that placed people's right to life and to health at the centre of sustainable development efforts. The Paris Agreement recognized human rights and the additional benefits to health of mitigation actions. The Intergovernmental Panel on Climate Change had identified actions that reduced emissions and at the same time improved health. These included: reducing local emissions of air pollutants from energy systems through improved energy efficiency and cleaner energy sources; designing transport systems that promote active transport leading to lower emissions and better health; shifting consumption away from animal products towards more sustainable and healthier diets; and providing access to reproductive health services, including modern family planning, to improve child and maternal health.

24. Human rights needed to be considered in national climate adaptation plans, disaster risk reduction and the work of the United Nations Framework Convention on Climate Change. Climate finance should support effective measures that bring additional health benefits and respect gender equality and equity principles. It should be innovative, long term and additional to existing funding for poverty reduction and sustainable development. To ensure gender equity, it was crucial to improve women's access to education, land, technologies, credit, social protection and resilient health systems. Loss and damage also need to be addressed as a human rights and climate justice issue. In concluding, she called for States as a matter of urgency to cut their emissions in order to limit warming below 1.5 degrees Celsius and commit to helping the most vulnerable to adapt to an increasingly unpredictable world.

25. The Coordinator of the Association for Indigenous Women and Peoples of Chad stated that climate change had direct consequences on indigenous peoples' health and traditional lifestyles. Whether in the forest, in the Sahel or in the Taiga, the health of indigenous peoples was directly related to the health of the environment, which provided the water they drink, the food they eat and the medicines they use. Her community, the Mbororo, were nomadic herders who were greatly affected by climate. In 2015, the rainy season had been unpredictable and short, thereby threatening herds, reducing milk production and causing the premature death of young cattle. Droughts increased respiratory diseases, diseases related to malnutrition and waterborne diseases, such as cholera. Women and young children were particularly affected. Medicinal plants were becoming rare, threatening the passage of traditional knowledge and community health.

26. She emphasized that these problems were not unique to her community but common to indigenous peoples around the world. This was why they had fought to ensure that the Paris Agreement incorporated human rights, including the rights of indigenous peoples and of women. The Paris Agreement represented a step forward in recognizing indigenous

peoples' rights and the right to health in the context of climate change. However, it was regrettable that this recognition was largely restricted to the preamble. Indigenous peoples would continue to advocate for rights-based solutions to climate change and adequate financing for their adaptation.

27. Looking beyond Paris, she called for respect for indigenous peoples' knowledge as a resource for climate adaptation, including treatment of disease and weather forecasting. This knowledge needed to be assessed, valued and used. It could be shared but it also needed to be protected so that its use benefitted indigenous peoples. Traditional knowledge belonged to the indigenous communities that had held it for generations and was not meant to be appropriated by multinational corporations. In this regard, it was important that the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity was respected. In concluding, she emphasized that people had destroyed the environment to the detriment of health and that, to restore health, people must therefore take responsibility in the fight against climate change.

B. Interactive discussion

28. During the plenary discussion, the following States took the floor: Albania, Bangladesh, Brazil, Chile, China, Dominican Republic (on behalf of the Community of Latin American and Caribbean States), Egypt, El Salvador, France, Georgia, Iceland (on behalf of Denmark, Finland, Norway and Sweden), Ireland, Italy, Malawi, Maldives, Pakistan (on behalf of the Organization of Islamic Cooperation), Panama, Paraguay, Peru, the Philippines (on behalf of the member States of the Climate Vulnerable Forum), Portugal, the Russian Federation, Saint Vincent and the Grenadines, Samoa, Slovenia (on behalf of Costa Rica, Maldives, Morocco and Switzerland), South Africa (on behalf of the African Group), South Africa, Spain, Tunisia, the United Arab Emirates and the United States of America. A representative of the European Union also participated in the discussion.

29. Representatives of the following non-governmental organizations also spoke: the American Association of Jurists, the Arab Commission for Human Rights (on behalf of the Centre independant de recherche et d'initiatives pour le dialogue), Franciscans International (on behalf of International Coalition for Papua, Westpapua-Netzwerk, TAPOL, VIVAT International and Geneva for Human Rights - Global Training), the Indian Council of South America, the Khiam Rehabilitation Centre for Victims of Torture and the Women's International League for Peace and Freedom.

30. A number of additional participants requested the floor during the panel discussion but could not deliver their statements owing to lack of time. They included representatives of the following States: Afghanistan, Algeria, Benin, Bhutan, Bolivia (Plurinational State of), Colombia, Cuba, Djibouti, Ecuador, Ethiopia, Fiji, Haiti, Honduras, India, Indonesia, Kyrgyzstan, Mexico, Monaco, Morocco, Namibia, Senegal, the Sudan, Venezuala (Bolivarian Republic of) and Viet Nam; the non-governmental organization International-Lawyers.org; and the United Nations Development Programme, the United Nations Environment Programme and the United Nations Children's Fund (UNICEF).[2]

31. All delegations agreed that climate change had direct and indirect impacts on the enjoyment of the human right to health. They welcomed the Paris Agreement and emphasized the importance of its successful implementation noting that it and the 2030

[2] Statements received by the Secretariat are available on the Human Rights Council extranet.

Agenda for Sustainable Development called for a human-rights based approach to sustainable development. In this regard, various delegations emphasized accountability for commitments, participatory decision-making, the protection of the rights of the most vulnerable, education and access to remedy, among other issues.

32. Delegations supported the continuing discussion on climate change at the Human Rights Council and agreed that protecting the right to health required addressing climate change. They observed that climate change disproportionately affected people and groups in vulnerable situations, including the poor, indigenous peoples, women and children. This, in turn, deepened social inequalities and threatened the underlying determinants of health, including housing, water and food. Several delegations observed that those problems were worse in States that were particularly vulnerable to climate change as a result of their unique geographic and climactic conditions and/or economic circumstances. It was further noted that, under the Convention on the Rights of the Child, States were obligated to address the negative health impacts of climate change on children.

33. Most delegations raised specific health impacts of climate change in their countries. These included: expanding insect-borne and waterborne disease vectors, which contributed to increasing incidences of dengue, pertussis, malaria, chikungunya, zika and diarrhoea, among other diseases; droughts and declining crop yields, which contributed to malnutrition and starvation; heat stress and air pollution, which contributed to respiratory and cardiovascular disease; and natural disasters and extreme weather events, which contributed to displacement, loss of life, reallocation and the destruction of resources and the destruction of housing. Several delegations emphasized that climate change and its impacts also posed a threat to mental health. Delegations agreed that climate change jeopardized lives, compromised water and food supplies, heightened the potential for conflicts and threatened sustainable development objectives, including fulfilment of the right to health.

34. Many delegations called for increased local, national and international cooperation in support of sustainable development. They emphasized that climate change, including its human rights impacts, could only be addressed through cooperation, including technical and financial support and technology transfer. Several delegations highlighted the differences in capacity between developed and developing countries, and called for developed countries to lead the charge against climate change in accordance with the principle of common but differentiated responsibility that is found in both the Paris Agreement and the United Nations Framework Convention on Climate Change. The impacts of climate change were often disproportionately felt by developing countries that had contributed the least to climate change, and these countries should receive climate adaptation assistance that was additional to existing development assistance commitments. In this context, the importance of fulfilling the right to development was specifically emphasized.

35. Various delegations called for specific measures to address the impacts of climate change on human rights, including: the lowering of barriers to the transfer of technologies to address climate change; the adoption of preventive measures, including universal health coverage; gender equality, women's empowerment and the full and equal participation of women in decision-making processes, including those related to disaster risk reduction and resilience; health and environmental impact assessments; enhanced research and improved data collection for the implementation of efficient and timely responses to the negative impacts of climate change on determinants of health; the acceleration of research and development efforts related to diagnosis and treatment of diseases and control of disease vectors; accountability for all actors and sectors of the economy; improved cooperation between the United Nations Framework Convention on Climate Change and the Human Rights Council; targeted assistance and poverty reduction for States vulnerable to climate

change in accordance with the principle of common but differentiated responsibility; and efforts to ensure that climate mitigation and adaptation strategies benefit rather than harm people.

36. Several delegations posed specific questions to the panellists, inter alia, related to strengthening the participation and education of children on climate change issues; good practices in guaranteeing the rights of children; the role of the private sector in addressing climate change; strategies for capital development while protecting natural resources; the need for and potential role of a special procedures mandate on human rights and climate change; effective techniques for combatting the spread of insect-borne diseases and monitoring waterborne diseases; effective implementation of the 2030 Agenda for Sustainable Development; and the disproportionate impact of climate change on women's health.

37. Other delegations highlighted the specific measures taken by their Governments to address climate change and its impacts on the right to health, including: the adoption of relevant plans, policies and laws; the creation of new mechanisms to promote information sharing, raise awareness and identify priorities; the promotion of a cross-sectorial approach to climate and health; the employment of impact assessments; and the use of targets, guidelines and indicators.

C. Responses and concluding remarks

38. During and after the interactive discussion, the moderator gave panellists the opportunity to respond to questions and to make concluding remarks. He observed that discussants had expressed a common concern about the impacts of climate change on persons in vulnerable situations, such as women, children, the elderly and the socially and economically disadvantaged. As developing countries were most severely threatened by climate change, there needed to be a link between the right to development and climate change policies. Noting that Viet Nam was one of the five most vulnerable countries to climate change, he called for the impacts of the phenomenon to be addressed by conducting further studies, streamlining climate change and health policies and working at the local, regional and international levels. Accountability and cooperation were essential. The moderator asked panellists to consider these issues, including specifically the role of citizens and local governments in fighting climate change and managing its effects and accountability for climate change.

39. In her remarks, the Chair of the International Union for Nutritional Sciences task force for climate and nutrition emphasized the importance of women and girls' education, gender equality and equity for addressing climate change. Health education in particular was critical for vulnerable populations. Some school programmes in parts of Latin America and North Africa had been effective in addressing these issues, particularly in promoting girls' education. It was also crucial to improve women's access to land, technologies, credit, social protection and resilient health systems in all parts of the world. Climate finance should support measures that bring additional health benefits and respect gender and human rights. As regards the role of the private sector, public-private partnerships could play a role in ensuring universal health coverage and promoting climate resilience and disaster risk reduction. Finally, she described several techniques for addressing insect-borne diseases, which included environmental health interventions, education, insecticide spray, the elimination of breeding areas, surveillance and the development of modified mosquitoes.

40. The Coordinator of the Association for Indigenous Women and Peoples of Chad emphasized that climate change had the greatest impacts on persons living in vulnerable situations. Those most affected included indigenous peoples. Health was critical for

development and therefore climate action must integrate human rights, particularly the human right to health. She noted that realizing the right to development was a necessary precondition for health and that vulnerable groups must participate in efforts to integrate human rights in climate policies and be empowered to address climate change and its impacts. Furthermore, there was a need for synergy between human rights policies, climate change policies and development. If the three agendas were kept separate, States and persons at risk would suffer increasing negative impacts from climate change. In this regard, she expressed concern that fewer than 20 countries had included human rights and/or gender equality in their intended nationally determined contributions, even though the Paris Agreement had highlighted their importance.

41. She stated that loss and damages was a human rights issue. She called for greater cooperation between the United Nations Framework Convention on Climate Change and the Human Rights Council to ensure the integration of human rights in climate-related action. In fact, greater cooperation was required across the United Nations system to ensure a coherent, rights-based approach to climate change. In response to a question about indigenous peoples and fossil fuel extraction, she said that the international community needed to shift from fossil fuel consumption and move to the use of clean energy. The Paris Agreement called for the rights of indigenous peoples to be protected and this needed to happen at the national level. However, partnerships between States and United Nations agencies were also needed. The universal periodic review process could be a useful tool for promoting accountability with regard to human rights, the environment and climate. It was also important that the private sector respect the right to health.

42. The Under-Secretary of the Department of Health of the Philippines called for greater cross-sector cooperation. The health sector, the housing sector, the employment sector and the water sector, for example, all played an important role in the realization of the right to health and needed to coordinate efforts to address climate change and promote the right to health. Investments in climate adaptation within each sector should benefit vulnerable groups. Increased efforts were needed to improve disease detection, vaccine development and vector control for insect-borne outbreaks. In the context of emergencies caused by natural disasters, it was important to have in place a rights-based action plan. In the Philippines, special packages for children's nutrition and for sexual and reproductive health were made available in the initial stages of disaster response. In addition, it was important to have clinical and psychological care for victims of gender-based violence. She concluded by calling for the establishment of a special fund to finance projects and adaptation policies against climate change with funds from both the public and private sector.

43. The Special Rapporteur affirmed the need to strengthen health policies by mainstreaming a rights-based approach at all levels. He proposed that good practices on how to enable parents and children to have non-violent relations be discussed, as this was a risk-factor exacerbated by climate change. He called for the implementation and improvement of existing health systems and policies and investment in holistic health, particularly for children. Climate change was a threat multiplier and needed to be addressed. In doing so, Governments could learn from past mistakes in addressing other public health issues. All ministries were responsible for health and its underlying determinants, so a cross-sectoral approach to climate and health was needed to identify and capitalize on synergies. In response to a question about the role of special procedure mandate holders in addressing climate change and human rights, the Special Rapporteur noted that mandate holders could and should incorporate relevant human rights issues related to climate change in their work. Their function included the monitoring and evaluation of State human rights commitments, including those in the Paris Agreement and the 2030 Agenda for Sustainable Development. He was planning a report on health and the

Sustainable Development Goals and would consider addressing climate change in this context.

44. Closing the discussion, the moderator emphasized that it had been clearly established that climate change kills and addressing it required urgent action at all levels from all stakeholders, including individuals, the public sector and the private sector. He welcomed further discussion of the impacts of climate change on enjoyment of the right to health to be informed by subsequent reports of the Secretariat.